



Great Lakes Home Healthcare Services

Apnea Monitor Prescription Form

Patient Name _____ DOB _____

Parents' Name _____

Address _____ City _____ State _____ Zip _____

Diagnosis/ICD-9 _____

Length of need: **6 months**

Heart Rate: 80-210 bpm Other _____

Apnea Time: 20 Seconds Other _____

Physician Signature _____ Date _____

Physician Name: _____ License #: _____

Primary Care Physician: (if known): _____

Erie: 1700 Peach Street, Erie PA 16501
Phone (814) 877-6121 Fax (814) 455-9440

Bradford: 600 Chestnut Street, Bradford PA 16701
Phone (814) 362-8141 Fax (814) 362-9113

Meadville: 303 Chestnut Street, Meadville PA 16335
Phone (814) 337-6900 Fax (814) 337-6902

Jamestown: 512 West 3rd Street, Jamestown NY 14701
Phone (716) 664-5092 Fax (716) 664-6570

Fredonia: 37 W. Main Street, Fredonia NY 14063
Phone (716) 672-4704 Fax (716) 672-4706